e. IS RESIDENCE ON A FARM?

Year

ILF UNDER 24 HRS

Hours

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTDPSY

PERFORMED?

NO F

(State)

(State)

YES

(County)

25b. REGISTPAR'S SIGNATURE

REC'D BY REGISTRAD

Day

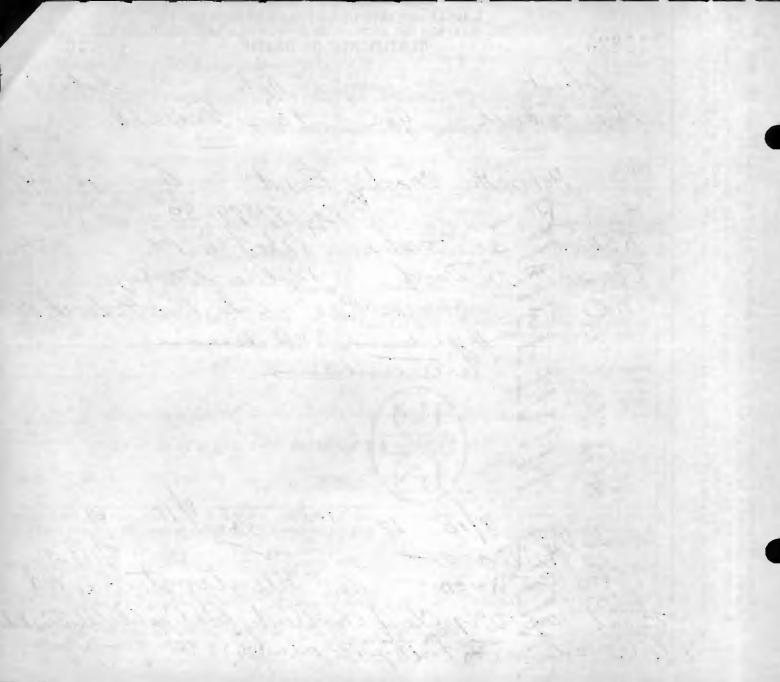
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12. CITIZEN OF WHAT

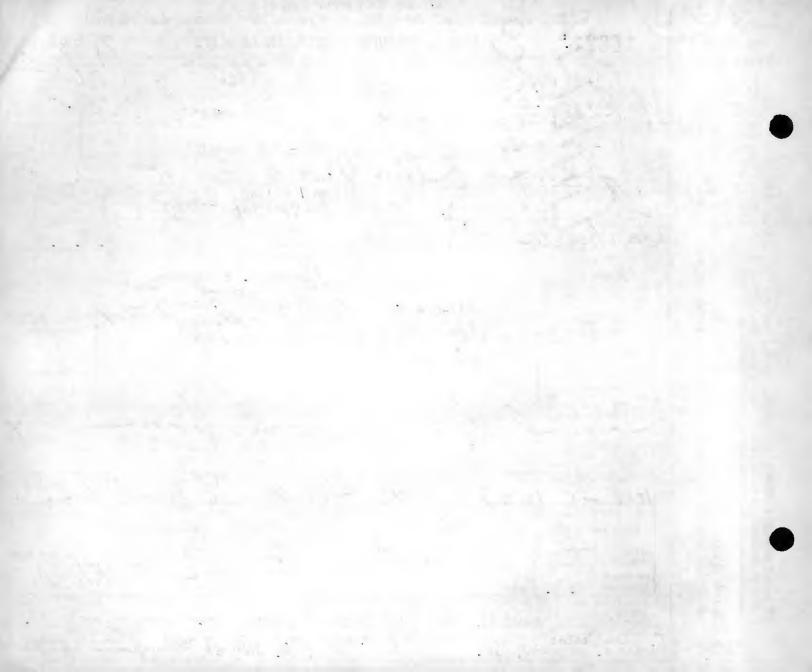
COUNTRY?

VR A15 (4) 20M 1/65

FUNERAL DIRECTOR

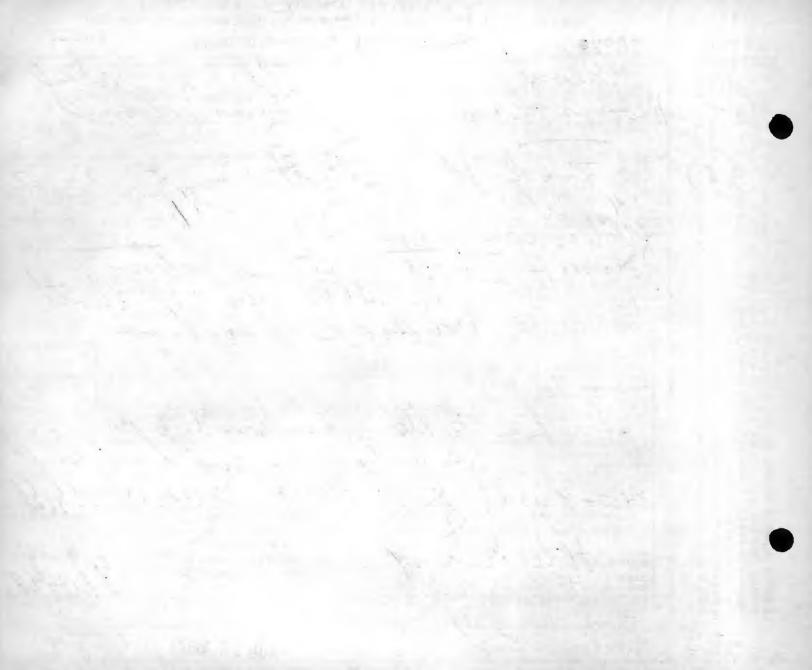


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAI	ND 21201
10827 / MEDICAL EXAMINER'S CERTIFICATE OF DEATH	20827
1. PLACE OF DPANE  o. COUNTY  MARYLAND  2. USUAL RESIDENCE (Where decoded lived, if institution b. COUNTY  b. COUNTY	Residence before admission
10. GTY ON TOWN (it autside carparate limits, c. LENGTH OF STAY IN 1b c. GTY OR TOWN outside carparate limits write RURAL write RYAN) and give negret own)	nd give nearest tawa)
d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS	e IS RESIDENCE ON A FARM? YES NO
3. NAME OF / Krst / Month	Day Year
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 3. DATE OF BIRTH 900 9. AGE (In years	FUNDER I YEAR   IF UNDER 24 HRS. Months Days Hours Min.
104. USAL OCCUPATION (Give kind at North-dene during/hips) of working life, even ir refined).  104. USAL OCCUPATION (Give kind at North-dene during/hips) of working life, even ir refined).	12. CITIZEN OF WHAT COUNTRY? A.
13. FATHER'S MAME  14. MOTHER'S MANDEN NAME  Line by Company  14. MOTHER'S MANDEN NAME	W 0 11
15. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, np, ar unknown) (If yes give war or dates af service)  16. SOCIAL SECURITY NO. 17 INFORMANT  Address	- 1
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
194X DUE TO	
rise ta immediate cause (a).  Stating the underlying cause DUE TO	
PART II OTHER SIGNIFICANT CONDITIONS CONTORRATING TO DEATH RIIT MOTORIATED TO THE TERMINAL DISEASE CONDITION GIVEN DART 1/A)	19. WAS AUTOPSY PERFORMED?
200. EXTERNAL CAUSE WAS PRIMARY GOT CONTRIBUTING 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injurt in Port I or Part II of item 18.)	AEZ NO
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE of INJURY (Hame, farm, 20t. (City or town) Hour o.m. While Nat While foctory, street, affice bldg., etc.)	Obyty) & Atotel
21. I certify that I taak charge of the remains described above, held an Autapsy, Inspection, Inquiry	and an and advantage
ACTUAL CHIEF MEDICAL EXAMINER	ner   ### ### ######################
EXAMINER DEPUTY MEDICAL EXAMINER	8//2/67
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	
24. FUNERAL DIRECTOR CHICAGO ADDRESS GOORGIG ALL 250. REC'D BY REGISTRAR 250. REC'D BY	TRAR'S SIGNATURE
	1. PLACE OF DATE   2. USUAL RESIDENCE Draws displayed lived, if institution   0. STATE   2. USUAL RESIDENCE Draws displayed lived, if institution   0. STATE   0. S



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/Q 1	1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE		10829  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  10829
HEALTH DEPT.	1,	PLACE OF DEATH    2. USUAL RESIDENCE (Whater deceased lived, it institution Residence before admissible)
Page 3 to		o. COUNTY Calvery 6. COUNTY Calvery 6. COUNTY Calvery
	1	CITY OR TOWN (If outside corporate norts, write RURAL and give nearest novn) c. LENGTH OF STAY IN 1b c. GITY OR TOWN (If outside corporate lights, write RURAL and give nearest novn)
Po Po	14	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
- 5 t	2	YES NO
hours after deoth. tem 18. Give Poge Office along with f and 2 with trestar event within 72 h	5.	NAME OF DECEASED (Type or print) The Company of the
after along along with with	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. SOLUTION IF UNDER 1 YEAR IF UNDER 14 HRS.
em 1 ffice ind 2		WIDOWED DIVOKCED Fell, 1870 yrs.
hin 24 hours ncil in Item I niner's Office pages I and 2 in any event	du	1 Doppoular 1 40
d within 24 hours after death. It in pencil in Item 18. Give Pages Examiner's Office along with far File pages Land 2 with the State and in any event within 72 hour	13	FITHER'S NAME
s certificate should be executed within 24 hours after deothe, writing the ward "pending" in pencil in Item 18. Give Pogforwarded to the Chief Medical Examiner's Office along with used as a burial-transit permit. File pages Land 2 with the Staburial, cremation, or removal, and in any event whim 72 to burial.	15/2	WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO. 17/ INFORMANY  Address  Address
be executer "pending" hief Medical onsit permit.		18. CAUSE OF DEATH (Enter only one couse per the for (a), (b), and (d).
should be executed to ward "pending" is to the Chief Medical burial-tronsit permit.		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)  ONSET AND DEATH  ONSET AND DEATH
vard ward the C rial-tr rion,		Conditions, if ony, which gove ) (b)
MEDICAL EXAMINER: This certificate should please execute the certificate, writing the ward director. Poge 4 should be forwarded to the Charlenand for your files.  DIRECTOR: Page 3 should be used as a burial-training the designated agent, prior to burial, cremation,		rise to immediate couse (o), stating the underlying couse DUE TO
certifical writing orwarded used as burial, a		PART II. OF HER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BY NO PELATED TO THE EXMINAL DISEASE CONDITION GIVEN IN PART 16)  19. WAS AUTOPSY
This ce rate, w be forw I be use r to bu	CERTIFICATION	At he her histill with feel 5 gra PERFORMED? YES DINO []
MINER: Thi the certificat 4 should be 11 files. 12 Should be gent, prior to	CERTIF	20b EXTERNAL CAUSE WAS  PRIMARY GOT CONTRIBUTING CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY STURRED. (Inter noture of injury in Port II or Port II of item 10.)
EXAMINER: T cute the certific oge 4 should bry your files. Page 3 should ed ogent, prior	MEDICAL	20c TIME OF INHIPY Month Day Year . 20d INHIPY OCCUPPED Tone PLATE & INHIPY (Home form 200) (City or touth) A control of
L EXAM secute the Poge 4 for your R: Page	ME	845 - X (2196 of work of work L) Volume Work Ward Call
Al execution Property of Formal Superiors		21. I certify that I taak charge of the reprins described obove, held an Autapsy, Inspection, Inquiry, and in my opinion death resulted from:, Natural courses Accident, Suicide, Hamicide Undetermined manner
MEDICA Ilease ex director. Stained 1 DIRECTO		ACTUAL CHIEF MEDICAL EXAMINER C
DITY, por its		EXAMINER'S  ADDITIONAL EXAMINER  DEPUTY MEDICAL EXAMINER
TO DEPUTY MEDICAL EXAMINER: The necessory, please execute the certificathe functor director. Poge 4 should be 5 may be retained for your files.  TO FUNERAL DIRECTOR: Page 3 should Health or its designated agent, prior	230	NAME (Type) 7. V. A FIG. V W ON A MIG., Address (Street, city, town, or county)  D. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMPTERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
5 4 4 2 E		REMODEL (Specify) aug. 14, 1967 Brownes Island Cemetery Brownes Island, Calvert, Md.
VR A15ME (6)	0	Oxhiberes & Son Bellengthis Md. DANIG 15 1967 Thinks Judge
311111111111111111111111111111111111111		The Michael Company of the Company o



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10830 CERTIFICATE OF DEATH 10830 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY a. STATE b. COUNTY Calvert Maryland MARYLAND Calvert b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) the c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 16 Rural-Prince Frederick 22 davs Rural-Owings d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) .⊆ d. STREET ADDRESS e. IS RESIDENCE ON A FARM? filled Calvert County Hospital YES + NO 3. NAME OF carban Middle Lost 4. DATE Manth M Day Year DECEASED Giles (Type or print) Loretta DEATH 67 S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR" IF UNDER 24 HRS 7. MARRIED **NEVER MARRIED** last birthday) Manths Days 9-14-01 WIDOWED DIVORCED female negro 10a, USUAL OCCUPATION (Give kind af wark dane during mast of working life, even if retired) housewife 13. FATHER'S NAME 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A. Maryland

14. MOTHER'S MAIDEN NAME or remayal, Richard Holland Josephine Wwill 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, na, ar unknown) (If yes give war ar dates of service) 214-36-1647 Oscar Giles Owings. Md. crematian, 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c). INTERVAL BETWEEN PART f. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate cause (a). DUE TO priar tal stating the underlying couse the hospital or attending last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEAS CONDITION GIVEN IN PART I(g) 19. WAS AUTOPSY PERFORMED? far use Health NO this certificate 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (State) Haur 'a.m. Not While factory, street, affice bldg., etc.) at wark 21. I certify that (I) (this hospital) attended the deceased fram Oct. 19, 19 65, to Aug. 30 1967, that (I) (we) last Page 4 may be retained TO FUNERAL DIRECTOR: saw the deceased alive an August, 3019 67, and that death accurred at 1:05pM, from causes and an the date stated above 220. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR X director, page should be filed 22d. ADDRESS O HOSPITAL NAME (Type) Roberto de Villarreal, M.D. St. Leonard, Maryland 23g. BUMAL, CREMATION 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY ((ounty) (State) REMOVAL (Specify) Sunderland Cal "d 9-2-67 mt. Hope Ch.Cem 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 DATESEP

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	1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
£	लिंग्स्ट्रे		10831 CERTIFICATE OF DEATH
hours after death	重度(1)	1.	- COUNTY
9	e de	1	Calvert Maryland Maryland Calvert
4	by th Pages urs aft		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
OUTS OUTS	<u> </u>	R	ral-Prince Frederick   D.O.A.   North Beach-Rural
24 h	filled papers. In 72 I		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
	completely filled ly carbon papers.		alvert County Hospital YES NO
with	completely to we carbon p event, within	3.	DECEASED OF O
pa	omp omp	5.	(Type of print) Gentrude Verconia Hunter DEATH 8 29 19 67  SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years   Funder 1 YEAR   FUNDER 24 HRS.
ecut	DE S	e.	last birthday) Months   Days Hours Min.
ex	1 a 1 a 1 a 1 a 1 a 1 a 1 a 1 a 1 a 1 a	10	a USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR   11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT
9	sicia ease and	du	a. USUAL OCCUPATION (Give kind of work done industry)  11. BIRTHPLACE (County & State, or foreign country)  12. CITIZEN OF WHAT COUNTRY?  Domestic  Maryland  12. CITIZEN OF WHAT COUNTRY?  U.S.A.
cate	physical phy	13	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
Ę	Ther		? Mary Butler
93	tend it.	1 O	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address  104, NO. OF HORIZON HOLD IN 18 ADDRESS AND ADDRESS AND ADDRESS ADDRE
leat	e at on,		218-24-2920 Ella Jacks NorthBeach, Md.
2	y th sit i		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  INTERVAL SETWEEN ONSET AND DEATH
at t ilan.	tran cre		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart Failure
s th	rial- rial		Conditions (6 and Judich )
uire pt	o pa		gave rise to immediate (b)
red	the or t		cause (a), stating the DUE TO underlying cause last.
law atte	has e as pri	5	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
	cate r us eartt	CERTIFICATION	PERFORMED? YES NO
AN:	H T T T T T T T T T T T T T T T T T T T	RIF	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.)
Sici	pt.		OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHY	this details of the control of the c	MEDICAL	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, Hour a.m.   While   Not While   Not While   Factory, street, office bldg., etc.)   (City or town) (County)
22	fter be State	Ä	p.m. 19 at work at work
NDi	the d		21. I certify that (I) (this hospital) attended the deceased from July 16, 1966, to Aug. 25, 1967, that (I) (we) last
etal a	St. St.		saw the deceased alive on August 25 19 67, and that death occurred ato: 1 170M, from the causes and on the date stated above.
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within be retained by the hospital or attending physician.	ed w		M.D. ATTENDING MED. STAFF DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR D
FAL	P F		22c. PHYSICIAN'S 22d. ADDRESS
HOSPITAL Page 4 may	HE P	1_	NAME (Type) Issam F. el Damalouji, M.D. Prince Frederick, Maryland
TO HO	TO IUNERAL JUNEAUR. After this certificate has been signed by the attending physician and director, page 3 should be detained for use as the burial-transit permit. Then please remore should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any	23	REMOVAL (Specify)
<b>=</b>	- A	24	9 ) of Mt. Hope Ch. Cell   Sunderland Cal. Md.
Vα	A15 (4)		Pinkney E. Sewell Prince Frederick-Md - SEP 6 1967 Tuesday Junges
	A 4-64	<u> </u>	I DATE OLI



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10832 10832 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours ofter death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admission) o. COUNTY a. STATE b. COUNTY Calvert Maryland MARYLAND b CITY OR TOWN (If autside carparote limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Frederick 2 day
d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) 2 days Baltimore .⊑ e IS RESIDENCE ON A FARM? d. STREET ADDRESS filled Calvert County Hospital 1402 McCullock Street YES NO 🔼 3. NAME OF Middle First Lost 4 DATE Month remove carbon completely DECEASED T. McCloud 1067 Grace August (Type or print) and in ony event, DEATH 6. COLOR OR RACE DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 7 MARRIED NEVER MARRIED 9. AGE (In years last bythdoy) Months 5-21-9-1901 Haurs Negro Female WIDOWED K DIVORCED pub 100 USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) 1Db KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT please Maryland 13. FATHER S NAME 14 MOTHER'S MAIDEN NAME burial, crematian, or removal, Harriett Platta Henry Turner 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT (Yes, na, ar unknown) (If yes give wor or dates of service 217-16-020 Homital admission chart 18. CAUSE OF DEATH (Enter only one couse per lipe INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o by the hospital or attending physician. DUE TO Conditions, if any, which gove rise to immediate cause (o), DUE TO stoting the underlying cause PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO 2Do ACCIDENT WAS JINDERLYING [7] 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 11 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF FITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 2De PLACE OF INJURY (Home, form (City or fawn) (County) (Stote) factory, street, office bldg., etc.) of wark 21 I certify that (I) (this haspital) attended the deceased fram . 19\_\_\_\_, to\_ \_, 19\_\_\_, that (i) (we) last page 3 should 1 be filed with the S Page 4 may be retained DIRECTOR: saw the deceased alive an. L and that death occurred at $\_$ M, from causes and an the date stated above 22o. SIGNATURE 22b\_DATE SIGNED M.D 22d. ADDRESS 22c. PHYSICIAN'S O FUNERAL NAME (Type) Prince Frederick, Maryland Osman Za M.D. 23o. BURIAL, CREMATION, 23d LOCATION (City or Town) (State) REMOVAL (Specify) 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10833 CERTIFICATE OF DEATH 10833 ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY Calvert Calvert MARYLAND Maryland b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) within 72 haurs o Prince Frederick Prince Frederick d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Ε. d. STREET ADDRESS e. IS RESIDENCE ON A FARM? filled Calvert County Hospital YES NOcampletely fi 3. NAME OF DECEASED Last 4. DATE (Type or print) DEATHANQUET Ellen Smoot Cora 9. AGE (In years last/birthday) 6. COLOR OR RACE DATE OF BIRTH IF UNDER I 7. MARRIED NEVER MARRIED and in any ev Months 10-24-810 WIDOWED T physician and c Female White 10o. USUAL OCCUPATION (Give kind of work dane during most of working life even if retired) 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT USA COUNTRY? Delaware 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remayal, Samuel Henry Cole Margaret Phillips 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, na, grunknown) (If yes give war ar dates af service 220-32-7073 Hospital Medical record 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), PART 1. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) be retained by the haspital ar attending physician. DUE TO Conditions, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause this certificate has been d far use as the af Health priar ta last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Manth, Day, Year (City or town) (County) (State) Hour 'a.m. factory, street, office bldg., etc.) Not While TO FUNERAL DIRECTOR: After 21. I certify that (I) (this hospital) attended the deceased from , 19\_\_\_, that (I) (we) last 19 saw the deceased alive on\_X and that death accurred at 745 AM, from causes and an the date stated above. 22g. SIGNATURE 22b. DATE SIGNED STAFF PHYS. DIRECTOR M.D. 22c. PHYSICIAN'S 22d. ADDRESS Page 4 may NAME (Type) Osman Z. Ersoy. .D. Prince Frederick, Maryland NAME OF CEMETERY OR CREMATOR 23g. BURIAL, CREMATION REMOVAL (Specify) REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 2Sb. VR A15 (4) 25M 1/67

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1		O STATE DEPARTMENT OF HEALTH RECORDS, 301 W. PRESTON STREET, BALTIMORE, MAR	YLAND 21201
FOR STATE	10834 MEDICAL EXA	MINER'S CERTIFICATE OF DEATH	10834
Page Page HEATH DELL	1. PLACE OF DEATH O. COUNTY Calver	MARYLAND APPEC	itution: Residence before odmission
th. If any delay is ges 1, 2, and 3 to I form PM3. Page ate Department of hours offer death.	b. C. LENGTH OF	Ches Beach	- lleg
ges 1, farm farm onte Dep	MAME OF HOSPITALTON INSTITUTION (Illing in hospitol, give street oddre	Willow	e. IS RESIDENCE ON A FARM? YES NO
deat ve Pa j with the St n 72	3. NAME OF DECEASED (Type or print) A First Superior Middle Su	New Lost 4. DATE OF DEATH	onth Zo Poy Year
rs after d 18. Give e alang v 2 with the		MARRIED A DATE OF BIRTH  9. AGE (In yeors yorked)  9. AGE (In yeors yorked)	Months Doys Hours Min.
24 haurs in Item 13 r's Office ss 1 and 2 ny event	100. USUAL OCCUPATION (Give kind of work done during most of sociologistic swent retired)	OR II. BIRTUPAKE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
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hauld be executed within 24 ward "pending" in pencil in the Chief Medical Examiner's rrial-transit permit. File pages stian, ar remaval, and in any	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (16. SOCIAL SECURITY (Yes, no, or triknown) (If yes give war or dates of service)	NO. U. INFORMANT, Wesner	Same as 2.
shauld be executed in ward "pending" in a the Chief Medical E. burial-transit permit. F. matian, ar remaval, a	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (b) PART L DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	gruf skull &	INTERVAL BETWEEN ONSET AND DEATH
ate shauld be e g the ward "per ed ta the Chief ! s a burial-transit crematian, ar re	Conditions, if ony, which gove	wefit his	33/m
ate d the	rise to immediate couse (a), stating the underlying couse lost.		
his certificat the, writing the farwarded be used as a ta burial, cri	PART TO OTHER BISNIFICAN CONDITIONS CONTRIBUTING TO DEATH BUT IN	OT RELATED THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
NER: This certificate, hauld be fa fles. shauld be u shauld be u tr, prior ta t	PRIMARY NO CONTRIBUTING	URY OCCURRED. (Enter nature of injury in Part I or Port II of item 1B.)	
Na 中で E	20c. TIME OF INJURY Month, Doy, Yeor 20d INJURY OCCURRED While Not While		Calvelle
AL EXA execute nr. Page d for yau TOR: Pag gnated a	21. I certify that I taak charge of the remains describ death resulted fram: Natural causes , Accident		quiry, and in my opinian
MEDIA please e directa retained DIRECT	ACTUAL HALLA	CHIEF MEDICAL EXAMINER	manner 22. DATE SIGNED
TO DEPUTY MEDICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health ar its designated age	SIGNATURE  EXAMINER'S  NAME (Type)  A. W. W. A. P. E.	DEPUTY MEDICAL EXAMINER  Address (Street, city, town, or county)	8/26/67
TO DE neces the f S ma S Healt Healt		F CEMETERY OR CREMENTORY 23d OCCATION (City or	Town) (County) Ta (Store)
VR A15ME (5)	24; FUYERAL DIRECTOR - ADDRES	SS 250. REC'D BY REGISTRAR 25b.	REGISTRAR'S SIGNATURE

